



2018-19 Post-Grad Questionnaire Form

All graduates **MUST** complete this form and return it to Rachael Sundeen in office 212 on or before April 30, 2019.

Student Name _____ Date Submitted _____

Student Cell # _____ Student Email _____

What are your post-secondary plans after graduation?

College

Vocational school

Military

Missions

Other

If you are continuing your education please list the following:

(Name of School) (Major) (City, State)

If you will be serving in the military which branch are you serving in? _____

If you have other plans after graduation please list below:

List any scholarships or special awards you have earned and copy to this form.

Internal Use Only:

Date Received _____	Posted to IC _____
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